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CONFIRMATION NO. 5643

<b>SERIAL NUMBER</b> 10/716,862	<b>FILING OR 371(c) DATE</b> 11/20/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 06510029US
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/427,565 11/20/2002 @ 06/19/06

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 — none — @ 06/19/06

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 03/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 3
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**TITLE**  
 Electrical current induced inhibition of bone growth

<b>FILING FEE RECEIVED</b> 754	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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